

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
OPERATION MANUAL

Volume VII

[OMTL-361](#)

System Tracking for Employability Programs (STEP)

Table of Contents

R. 4/1/10

INTRODUCTION 0100-0200

[General Procedure](#) 0100

ENTRY FUNCTIONS 0200-0499

[STEP Main Menu](#) 0200

[General Information](#) 0220

[Component Placement Submenu](#) 0240

[Component Activity](#) 0260

[Supportive Services Submenu](#) 0280

[STEP Payments](#) 0300

[Deletes STEP Payments](#) 0320

[STEP Comments](#) 0340

[Monthly Tracking](#) 0360

[Sanction](#) 0380

[WIN Address Database](#) 0400

[Conciliation 204 Issuance](#) 0420

INQUIRY FUNCTIONS 0500-1199

[STEP History](#) 0500

[STEP General Information Inquiry](#) 0520

[STEP Assessment Inquiry](#) 0540

| | |
|--|-----------|
| EDP/TAA Inquiry | 0560 |
| Component List | 0580 |
| Payments Inquiry | 0600 |
| STEP Comments Inquiry | 0620 |
| Sanction Inquiry | 0640 |
| Contractor Comments Inquiry | 0660 |
| STEP Summary Information | 0680 |
| Conciliation Notice History | 0700 |
| Case Management Reports | 0800 |
| Sanctioned Participants | 0820 |
| Case Load List | 0840 |
| System-Generated PA-33/KW133/WIN-1 | 0860 |
| System-Generated PA-33/KW133/WIN-1 Inquiry | 0880 |
| Case Number Lookup | 0900 |
| Resource Directory | 1000-1099 |
| Resource Directory Submenu | 1000 |
| Component List | 1020 |
| Offline History | 1100-1199 |
| Offline STEP Payments | 1100 |
| MISCELLANEOUS FUNCTIONS | 1200-1499 |
| Contractor Functions | 1200-1299 |
| Contractor Component Placement Submenu | 1200 |
| Contractor Component Activity | 1220 |

MS 0100*

STEP GENERAL PROCEDURE

The System Tracking for Employability Programs (STEP) is an on-line entry system which is accessed from KEUPS by choosing Kentucky Network, then STEPPR. STEP provides system support for the Kentucky Works Program (KWP).

Case managers utilize STEP to:

- Generate referrals;
- Automate reporting of KWP activities;
- Track component placement and progress;
- Record documentation on the Comments screen;
- Authorize payments for supportive services;
- Issue form KW-204, Notice of Conciliation; and
- Authorize Work Incentive (WIN) reimbursement payments.

A. **STEP AND KAMES:** STEP is updated by data contained on the Kentucky Automated Management and Eligibility System (KAMES), but KAMES data is not updated from STEP entries. Exception: Sanction data entered on STEP does update the KAMES disqualification segment. When a sanction is entered on STEP, a 416 disqualification is passed to KAMES which applies a pro-rata reduction to the K-TAP benefit amount.

B. **CREATION OF STEP RECORDS:** The initial upload of data to the General Information (HRJAS2A1) screen occurs when a K-TAP case is approved containing a work eligible individual. A STEP record is not generated for individuals who are exempt from KWP.

Records on STEP are created per individual rather than per case. If there are two work eligible individuals in a case, each has their own STEP record which is accessed by the individual's social security number (SSN).

C. **ADDING DATA:** Most fields are self-explanatory and on-line edits prevent invalid entries in all except the comments field. The most recent data will appear and entries are typed over the obsolete items. The prior data will move to history which can be accessed through inquiry.

D. **ON-LINE HELP:** If a question mark is entered in any field, a field-specific "help" screen will appear to provide the valid entries. "Help" regarding the entire screen format is available by pressing F1 function key. Error messages appear on the screen whenever invalid entries are made. Data typed onto a screen is not accepted by the system until the user presses "enter". If data is input but the user leaves the screen by pressing a function key, (other than F1 to access "help") information is not saved.

E. **CONTRACTOR USAGE:** Contractors have inquiry access to any portion of an individual's case activity on STEP, and have data entry capability to the CONTRACTOR FUNCTIONS selection on the Main Menu (option R). Selecting this function will display the CONTRACTOR COMPONENT PLACEMENT SUBMENU screen. The CONTRACTOR COMPONENT PLACEMENT SUBMENU screen is used to enter and update the individual's activity. The contractor entry send spot checks and information to the case manager. The case manager will inquire the information supplied by the contractor and enter any appropriate data (test results, etc.) onto the respective STEP screen or initiate action, if needed.

Referrals to a contractor are generated using the "D999" component for the appropriate activity. STEP generates a system referral to the contractor through the Report Distribution System (RDS). This list is accessed and printed daily by the contractor. This list contains any new referrals and messages regarding activity related to the individual's KWP participation status:

1. Case Manager Change - DCBS case manager has been changed.
2. County Change - Case has been changed to another county.
3. Deleted from STEP - Case has been discontinued or the individual has been exempted from participation in KWP.
4. Activity Completed – The contractor has completed their responsibilities of any component other than JRA.
5. Referral - New referral from DCBS or a new component is entered by the contractor prior to the case manager placing the participant into a component.
6. Referral Completed - Client has completed the component.
7. Referral Rejected – The contractor has rejected a referral with reject code 01 (Inappropriate referral) or 03 (other).
8. Review Screens – Action was taken on component screens.
9. Referral Status – NWS-Non-exempt Work Status
10. SSN Change - Notice of SSN change.

F. AUTOMATED FORMS.

STEP issues the following KWP-related forms:

1. KW-100, Appointment Letter (for initial and follow-up appointments);

The form is issued when an IJ code is entered for an Initial KWP appointment or FJ code is entered for a Follow Up KWP appointment on the case manager's KAMES appointment calendar. STEP reads the KAMES file and issues form KW-100 with the appropriate section of the form completed, depending on the code chosen. If the caseload code is not found on STEP security or if the incorrect SSN is entered, the notice will not issue.
2. PA-33, Verification of Kentucky Works Participation

The form is system-generated if a "Y" exists in the "Issue PA-33" field on the General Information screen or the individual is active in a component.
3. KW-204, Conciliation Notice

The form is issued when a worker accesses the Conciliation Screen (option S) on the STEP Main Menu and answers "Y" to "Is KW 204 Needed?" or when "I" or "N" is entered on the "System Generated PA-33/KW133/WIN1" screen.
4. KW-105 and KW-105A, KWP Referral, are generated by specific entries on STEP.

MS 0200*

STEP MAIN MENU (HRJAS3L) SCREEN

| | | | |
|--|----------|-----------------------------|----------|
| HRJAS3L &C5C | EMA03709 | STEP MAIN MENU | 03/05/10 |
| _____ ENTER CLIENTS SSN _____ ENTER CASELOAD CODE _ ENTER THE LETTER OF THE FUNCTION DESIRED | | | |
| ENTRY FUNCTIONS | | INQUIRY FUNCTIONS | |
| A. GENERAL INFORMATION | | K. STEP HISTORY | |
| | | L. CASE MANAGEMENT REPORTS | |
| | | M. CASE NUMBER LOOKUP | |
| | | _____ (KAMES SUFFIX) | |
| D. COMPONENT ACTIVITY | | N. RESOURCE DIRECTORY | |
| E. PAYMENTS | | Q. OFF LINE STEP PAYMENTS | |
| F. COMMENTS | | MISCELLANEOUS FUNCTIONS | |
| G. MONTHLY TRACKING | | R. CONTRACTOR FUNCTIONS | |
| H. SANCTION | | T. CENTRAL OFFICE FUNCTIONS | |
| I. WIN ADDRESS DATABASE | | | |
| J. SELF-SUFFICIENCY | | | |
| S. CONCILIATION 204 ISSUANCE | | | |
| ENTER ? IN ANY FIELD FOR HELP INFORMATION PF6/PF18 = EXIT STEP | | | |

Procedural Instructions

PURPOSE:

This screen appears when program STEPPR, STEP Production, is selected on the Kentucky Network Application Selection Screen. This screen is used to select the alpha character that corresponds to the appropriate function.

GENERAL INSTRUCTIONS:

A. Entry Functions

1. General information (option A);
2. Component activity (option D);
3. Payments (option E);
4. Comments (option F);
5. Monthly tracking (option G);
6. Sanction (option H);
7. WIN Address Database (option I);
8. Self-Sufficiency (option J) no longer valid;

9. Conciliation 204 Issuance (option S).

B. Inquiry Functions

1. Step History (option K)

To inquire previous actions on a STEP case record, select "K", STEP History, then select "General Information". If more than 1 sequence exists select the desired sequence. In the "Next Action" field enter the section you wish to view.

EXAMPLE: If the case manager wishes to view payments from a previous period of active status, select the appropriate sequence, then enter "E" in "Next Action" field. The payments for the previous period will appear.

2. Case Management Reports (option L)

- a. Sanctioned Participants (option 0) includes a list of participants by caseload code in columns titled SSN, Participant Name, Case #, Sanction Eff. Date, # KTAP Months, # Months Sanction, and Cure Begin. The sanctioned participant appears on this listing as long as the K-TAP case remains active and the cure completion date entry on the STEP Sanction screen remains blank.
 - b. Caseload List (option 1) includes a numerical list of active cases assigned to a particular caseload. The list gives the SSN, Participant Name, Asses (Assessment Completion Indicator), GC (Good Cause Indicator), Sanction (Sanction Indicator), Emp Hours (Employment Hours from KAMES), MRT Due Date, .Referral Data and Component Data.
 - c. System Generated PA-33/KW133/WIN1 (option 3) includes a list by SSN, Participant Name, and Comp/Provider ID, Form, Disp Date, and Disp. Follow STEP PA-33/KW133/WIN1 Procedural Instructions for detailed entries for updating on this report.
3. System Generated PA-33/KW133/WIN1 Inquiry (option 3a) contains the same data as item 3.
 4. Case Number Lookup (option M) - Select "M" to obtain the SSN's of all KWP participants in a case by entry of K-TAP case number. Enter the KAMES case number. The first 9 fields are numeric, and the final entry is the alpha entry which designates which KAMES case is involved.
 5. Resource Directory (option N)
 6. Off-Line Step Payments (option Q) - Select "Q" as the function for the oldest payments made on the case record as they are not displayed when "K" is accessed.

C. Miscellaneous Functions

1. Contractor Functions (option R) utilized only by contractors that have been granted STEP access. Contractor Functions is used to relay information to DCBS and/or to generate spot checks to the case manager. Contractors enter data on their screens on STEP through this function.
2. Central Office Functions (option T) utilized only by designated Central Office staff.

MS 0220*

GENERAL INFORMATION (HRJAS3A1) SCREEN

| | | | | | | | | | | | |
|--|-----------|-------------|-----------|----------|------------------------|-------------------|------|--------------|-----------|-----------|----------|
| HRJAS3A1 &EV0 EMA05965 GENERAL INFORMATION | | | | | | | | | | (89) | 03/05/10 |
| SSN | LAST NAME | FIRST | MI | REF DATE | STATUS | TARGET | SEX | RACE | CASE LOAD | | |
| 999-99-9999 | DOE | JANE | D | 01/04/10 | NW | S | F | 04 | 037XXX | | |
| TEMP ACCESS: 09/27/09 037XXX | | | | | | | | | | | |
| CO | PROG | CASE NO | CASE NAME | | ADDRESS | | | | | | |
| 037 | C | 999999999 A | DOE | JANE D | 100 MAIN STREET | | | | | | |
| | | | | | | | | | | FRANKFORT | KY |
| | | | | | | | | | | NO OF | 40621 |
| DOB | GRADE | EMP | HMLS | CHILDREN | UNDER 1 | 1-5 | 6-18 | K-TAP APP DT | | | |
| 01/01/90 | 61 | 4 | | 3 | | 1 | 2 | 11/01/09 | | | |
| SANCTION | | | | | | | | | | | |
| SECOND PARENT | | | | DATE | REASON | K-TAP TERM REASON | | | | | |
| | | | | | | 120109 | | | | | |
| PHONE | ER | ISSUE | WTW | ELIGIBLE | WIN | STEP TERM REASON | | | | | |
| (999)9999999 | | PA-33 | CERT DATE | GROUP CD | N | 120109 500 | | | | | |
| | | Y | _____ | _____ | WTW CLOSURE DATE _____ | | | | | | |
| | | | | | WTW CLOSURE RSN _____ | | | | | | |
| STEP TERM DATE MAY BE EXTENDED; SEE POLICY | | | | | | | | | | | |
| PWE CONTRACT MGR | | | | | | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP | | | | | | | | | | | |
| NEXT ACTION: _ | | | | | | | | | | | |

Procedural Instructions

PURPOSE:

Member and general case information is summarized and uploaded from KAMES upon approval of the K-TAP case that contains a work eligible individual. All data codes are the same as appearing on KAMES. The data includes:

- A. SSN;
- B. Name (first, middle initial, and last);
- C. Referral date - The date a KWP referral is passed from KAMES;
- D. Domestic Violence indicator codes (listed under "Target" and indicated with an "S" for safe or "V" for violent);
- E. Sex code;
- F. Race code (codes are the same as on KAMES);
- G. County code - (individual's residence);

- H. Case manager (caseload code);
- I. Program code;
- J. Case number;
- K. Case name in which the work eligible individual is included;
- L. Case address;
- M. Date of birth;
- N. Highest school grade completed (codes are the same as on KAMES);
- O. Employment status code;
- P. Homeless indicator;
- Q. Total number of children receiving in the K-TAP case;
- R. Number of children in each age range;
- S. Date of most recent K-TAP application;
- T. Name of second parent in the case (if applicable);
- U. PWE-Primary Wage Earner; and
- V. Phone number, if any, from KAMES;
- W. K-TAP Term Date (the effective date of the K-TAP discontinuance is uploaded and cannot be changed by field staff;
- X. K-TAP Term Reason (the KAMES discontinuance reason is uploaded and cannot be changed by field staff;
- Y. STEP Term Reason (the numerical code is uploaded based on the reason STEP is inactivated. The entry is uploaded from KAMES and cannot be changed by field staff.

Each of these items is uploaded to the General Information screen. All of the data is updated by subsequent KAMES entries without user intervention. None of the above entries can be updated or changed on STEP.

In addition, sanction code (if applicable), K-TAP, and STEP termination reason codes (if applicable), referral and target status codes, and date of birth appear on the screen.

A new sequence is created and the date is changed when various actions are completed.

GENERAL INSTRUCTIONS:

To access the General Information Screen, choose option A on the STEP Main Menu.

A. Users may update the following fields:

1. STEP termination date (can only be extended for WIN cases);

2. Issue PA-33;
 3. Work Incentive (WIN) indicator; and
 4. Contract manager code – no longer valid.
- B. A new sequence on General Information Inquiry is created and the change date is revised as a result of the following information received from KAMES:
1. Caseload code change;
 2. County change;
 3. K-TAP term date applied on KAMES based on K-TAP case discontinuance;
 4. STEP term date applied on KAMES if case discontinued or member removed from the case;
 5. An exemption is applied;
 6. Target code change - "target code" now refers to Domestic Violence status;
 7. Program code change from "C" to "W" or "W" to "C";
 8. Case number change;
 9. Approval; or
 10. Re-approval.

All other fields are carried over from KAMES entries and changes are effected by changing those entries on KAMES. MA only children in a K-TAP case are NOT displayed in the number of children or age group fields.

Enter the appropriate alpha entry from the Main Menu in the "next action" field to access the function needed. If enter is pressed and this field is blank, the user will return to the Main Menu.

If a function is selected which is not contained in the user's security, an error message will appear.

DETAILED ENTRY INSTRUCTIONS:

| FIELD | DESCRIPTION | ENTRY |
|----------------|--|--------|
| Issue PA-33 | Enter "Y" to system-generate form PA-33 if the participant requests transportation in or to participate in KWP. | Y or N |
| STEP Term Date | A numerical entry is uploaded. The date may be extended for the appropriate timeframe if the participant has "500" in the reason code. See policy regarding the appropriate situations and extended end dates necessary to provide WIN payments for discontinued participants. | MMDDYY |
| WIN | Indicates if an individual is eligible for Work Incentive (WIN) payments. If a "Y" is changed to "N" by field staff, field staff cannot change the "N" to "Y" to reinstate WIN eligibility. Only Central Office can reinstate WIN eligibility. | Y or N |

MS 0240*

COMPONENT PLACEMENT SUBMENU (HRJAS3D1) SCREEN

```
HRJAS3D1 &CVU    EMA03367      COMPONENT PLACEMENT SUBMENU          03/05/10
                                PAGE 01
                                LAST UPDATE

999999999     DOE              JANE        D

SEQ
NO   REF DATE  COMPID           TYPE    PLACEMENT DATE  COMPLETION DATE  STATUS
1    01/05/10 037NA99WEP       WEP      01/05/10                ACTIVE


ENTER NEW COMPID: _____
ENTER SEQ NO TO UPDATE ACTIVE OR PENDING COMPID: ____

PF7/PF19=PAGE BACKWARD PF8/PF20=PAGE FORWARD
PF2/PF14=MAIN MENU  PF1/PF13=SCREEN HELP  PF3/PF15=RD SUBMENU  NEXT ACTION: _
```

Procedural Instructions

PURPOSE:

This screen provides a listing of pending placements or components in progress. There is space for seven entries; when the eighth component ID is entered, the oldest will be deleted.

GENERAL INSTRUCTIONS:

Access the Component Placement Submenu through option D on the STEP Main Menu. Case managers can enter a new component or update an existing component. Use the Resource Directory to select the correct Component ID assigned to the provider offering the applicable program.

The only entries made to this screen are:

- A. Add a new component ID selected from the Resource Directory; or
- B. Select a sequence number from components listed in order to update component placement or status information.

When "enter" is pressed, the Component Activity screen appears.

DETAILED ENTRY INSTRUCTIONS:

| FIELD | DESCRIPTION |
|--|---|
| SSN | This information is uploaded; no entry is possible. |
| Last Name | This information is uploaded; no entry is possible. |
| First Name | This information is uploaded; no entry is possible. |
| MI | This information is uploaded; no entry is possible. |
| Last Update | This information is uploaded; no entry is possible. |
| Seq No | This information is uploaded; no entry is possible. |
| Ref Date | This information is uploaded; no entry is possible. |
| ComplD | This information is uploaded; no entry is possible. |
| Type | This information is uploaded; no entry is possible. |
| Placement Date | This information is uploaded; no entry is possible. |
| Completion Date | This information is uploaded; no entry is possible. |
| Status | This information is uploaded; no entry is possible. |
| Enter New ComplD | Enter the new component ID from the Resource Directory. |
| Enter seq no. to update active or pending complD | Enter sequence number to update an active or pending component. |

MS 0260*

COMPONENT ACTIVITY (HRJAS3D2) SCREEN

| | | | | | | | | | | |
|---|-------------|----------|--------------------------|--------------------|------|----------------|-------------|----------|--|--|
| HRJAS3D2 &CVU | | EMA03367 | | COMPONENT ACTIVITY | | | | 03/05/10 | | |
| | | | | | | | | FUND | | |
| | | | | REF DATE | SRCE | VET | LAST UPDATE | | | |
| 999-99-9999 | | DOE | JANE D | 010510 | N | _ | 01/05/10 | | | |
| COMPID | TYPE | PROVIDER | | CONTACT PERSON | | | | | | |
| 037NA99COM | | COM | ADMINISTRATIVE OR SYSTEM | | | | | | | |
| REASON CATCH ALL | | | | PHONE | | | | | | |
| XX | | | | KY 40000 | | | | | | |
| P L A C E M E N T I N F O R M A T I O N | | | | | | | | | | |
| PLACEMENT | ENROLLMENT | WEEKLY | REJECT | REVIEW | SUB? | DEEM | | | | |
| DATE | START | END | HOURS | DATE REASON | DATE | CORE | | | | |
| 010510 | 010510 | 063010 | 25 | _____ | __ | _____ | _ | 05 | | |
| C O M P L E T I O N I N F O R M A T I O N | | | | | | | | | | |
| PROJ DATE | ACTUAL DATE | RESULT | | | | | | | | |
| 063010 | _____ | __ | | | | | | | | |
| REFERRAL LETTER NEEDED? N | | | | | | | | | | |
| ANOTHER COMPONENT (Y/N)? N | | | | | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP | | | | | | NEXT ACTION: _ | | | | |

Procedural Instructions

PURPOSE:

This screen is used to:

- Enter a referral to a specific component and provider. This referral generates forms KW-105/KW-105A, Kentucky Works Referral Form, to the participant and provider, if the provider type is "N" and the response to "Referral letter needed?" is "Y." This field is changeable at the initial entry of the component referral as well as during an update. Forms KW-105/105A are not generated if the provider type is "D", "DJ", "NA", "NS" or "NV."
- Update placement/non-placement responses from providers;
- Update component completion information;

D. Issue duplicate referral notices for an "N" component and provider at the request of either the participant or provider. Change the "referral letter needed?" response to "Y" and press "Enter."

GENERAL INSTRUCTIONS:

Access the Component Activity Screen by choosing option D on the STEP Main Menu and entering a new or choosing an existing component.

When a new Component ID is entered for a participant on the Component Placement Submenu, the Component ID is uploaded to this screen with the provider's name and address as it appears in the Resource Directory. All other entries will be blank.

For components administered by a contractor, forms KW-105 or KW-105A are not created. Instead, the contractor receives a listing via RDS (HRJASR9), Contractor KWP Activity. This listing includes the participant's name, social security number, case number, address, highest grade completed, Veteran status, component code, and comments for all referrals. If Veteran status is yes, a V appears on the listing; if no, nothing displays. The contractor schedules an interview with the participant upon receipt of the component referral, which is passed automatically. The contractor responds on the Contractor Component Activity screen. The placement, reject reason, or alternate suggestion for component referral will be available for review by inquiring the Component Activity Screen through option K, STEP History. If discussion of the participant's options is needed, the case manager contacts the contractor.

A. Referral Codes and the automatic upload process

When a referral to a contractor is made for a component, the contractor places the participant in the component or rejects the referral. The case manager receives a spot check "Review Contractor Screens". Information entered by the contractor, is inquired by the case manager by using K, then selecting D, Component Activity.

If a referral code of CO#D999 referral is pending or active, a second CO#D999 referral or placement can be made by the contractor; however, the case manager cannot enter 2 D999 codes at the same time.

B. Spot Checks. 30 days after the "projected date", if no entry is entered in the "actual date", a spot check is posted on KAMES. The case manager is reminded to enter the actual date if it has occurred or to change the projected date entry.

A spot check is also generated to KAMES if the actual completion date has expired, 30 days has elapsed, and no subsequent component referral has been input for the participant.

A spot check is posted if 15 days elapse from "Component Referral Date" with no entry in either "Placement Date" or "Reject Date." "Placement Date" refers to the date on which a provider actually accepts the participant into a component. It is not always the same date as the start date.

C. Contractor Placements: Contractors use option R, Contractor Functions, which mirror screens used by the case manager. Data input on the contractor's screens is viewed by choosing option K, STEP History, option D, Component Activity and option J, Contractor Comments.

The component is coded pending if placement information indicates a "start date" in the future.

When form KW-105A or contractor comments indicate the participant has been accepted, select the appropriate sequence on option D to update the referral. Contractors can also enter placement data for their components.

Show the term rather than year to year dates for secondary and post-secondary placements. Do not show an "Actual Completion Date" until the participant has completed the entire activity; i.e., completes college, 9-month training course, etc.

The "Actual Completion Date" combined with result code "01", Successfully Completed, is reported as the attainment of the appropriate level of education. For example, if a participant is in a VOC component and these entries are made, the participant will be determined to have completed the educational program. DO NOT enter the actual completion date entries at the end of each semester.

DETAILED ENTRY INSTRUCTIONS:

| FIELD | DESCRIPTION | ENTRY |
|---|---|---|
| SSN | This information is uploaded; no entry possible. | |
| Name | This information is uploaded; no entry possible. | |
| Ref Date | Date of referral to the activity. | |
| Fund Source | Funding source of the component. | B-TANF G-SSBG Social Services Block Grant P-JTPA – State Money S-JTPA - SDA W-Welfare to Work N-Not TANF Funded O-Other |
| Vet | For all D999 referrals, enter Veteran status | Y or N |
| Last Update, Comp ID, Type, Provider, Contact Person, Phone | This information is uploaded; no entry is possible. | |
| Placement Date | Enter the date of placement in the activity. | MMDDYY |
| Enrollment Start | Enter the date the activity begins. | MMDDYY |
| Enrollment End | Expected end date of the activity. | MMDDYY |
| Weekly Hours | Number of hours per week the individual is enrolled. | 2 digit number |
| Reject Date | The date the individual was rejected from the activity. Otherwise, leave blank. | MMDDYY |
| Reject Reason | Enter the reason the individual was not accepted in the activity. Otherwise, leave blank. | 01 Inappropriate referral 02 No slots available 03 Other 04 Contractor Activity Completed <u>WRG Only:</u> 07 Failed to Show for Contractor Interview 08 Contractor |

| | | |
|------------------------|---|---|
| | | Recommended Component Placement 09 Participant Entered Employment |
| Review Date | Date required for reject reason of 02 only. | MMDDYY |
| Sub | Only answered for SEE component to indicate subsidized employment. | Y or N |
| Deem Core | Enter number of deemed hours per week. | 2 digit number |
| Proj Date | Enter the expected end date of the activity. | MMDDYY |
| Actual Date | Enter the actual date the activity was completed or ended. | MMDDYY |
| Result | Enter the result of the activity. | 01 Successfully Completed 02 Unsuccessful 03 Dropped Out 05 First Session Completed –GJS 06 Inappropriate Component ID |
| Referral Letter Needed | Enter to issue form KW-105/KW-105A. | Y or N |
| Another Component | Enter if necessary to complete another component. “Y” takes you back to the Component Placement Submenu | Y or N |

MS 0280*

SUPPORTIVE SERVICES SUBMENU (HRJAS3E1)

HRJAS3E1 &C2K EMA03609 SUPPORTIVE SERVICES SUBMENU 03/05/10

3. SUPPORTIVE SERVICES AND TRANSPORTATION

4. SUPP SERV START DATE (MMYY) 0000 (REQUIRED FOR 4)

OPTION: _

PAYMENT TYPE (R): _ (REQUIRED FOR 3)

FEIN NUMBER: _____ (REQUIRED FOR TYPES 10 16 50
AND 95)

IF PROVIDER ID IS ENTERED AND IS ON THE PROVIDER FILE, THE CURRENT NAME AND ADDRESS WILL BE RETRIEVED AND WILL NOT HAVE TO BE REENTERED.

PF2/PF14=DELETE PAYMENTS PF1/PF13=SCREEN HELP PF3/PF15=RD SUBMENU

Procedural Instructions

PURPOSE:

This submenu allows the case manager to authorize payments for supportive services, transportation, relocation, and WIN. This screen also allows the worker to enter the supportive services start date.

GENERAL INSTRUCTIONS:

Access the Supportive Services Submenu by choosing option E, Payments, on the STEP Main Menu.

To initiate transportation, relocation, and WIN payments, enter 3 in the option field with an "R", regular payment in the Payment Type field.

To initiate supportive service payments, enter 4 in the option field then enter the 2 digit month and year in the Supportive Service Start Date field. For subsequent supportive services payments within the same year, enter 3 in the option field with an "R", regular payment in the Payment Type field.

The Supportive Services Start Date is entered as the month and year the first form PA-32, Authorization for Supportive Service Payments, is ISSUED to the individual for a supportive service need. Do not enter the date when the payment is made. The 12-month period begins at the time a nonrecurring need is presented by the individual and the agency representative concurs with the request by issuing form PA-32. The date entered on the Supportive Services Submenu should match the "date assigned" entry on form PA-32A.

The "date" field is the date form PA-32 is completed by the case manager and given to the participant, not the date it is returned to the agency. No entries are made on the STEP Payments screen until the form is correctly completed and returned by the provider.

- A. Payments Requiring an FEIN. A FEIN Number is required if "type" is 10, 16, or 50. The FEIN Number is the federal tax number of the service provider or vendor. When entering the amount an item costs DO NOT enter a decimal point. The invoice number is optional; enter if a numbered invoice was submitted with form PA-32 or use the Authorization Number of form PA-32.

A federal tax ID number is required in order to issue payments for Medical Services (code 10), Driver's Ed Fees (code 16), and Car Repairs (code 50) payments.

Ensure the purchase of remedial health care items, if funds are available, such as glasses, dentures, etc., are coded as 11 (medical goods), even if issued by a doctor. Ensure SERVICES are coded as 10 (medical services). Make NO payments for services covered by Medicaid.

- B. Payments not requiring an FEIN.

Leave the FEIN field blank for all payment types except 10, 16, and 50.

If no provider ID is entered on the Supportive Service Submenu, the payment history will insert the participant's SSN plus a numerical suffix as the provider ID on the Payments History screen.

"Date" is the date the case manager completes form PA-32 authorizing the participant to receive the item. STEP will not allow a nonrecurring payment to be issued unless a "nonrecurring start date" exists. A future date will not be accepted.

DETAILED ENTRY INSTRUCTIONS:

| FIELD | DESCRIPTION | ENTRY |
|----------------------|---|--|
| Supp Serv Start Date | Enter the date the first form PA-32 is issued | MMYY |
| Option | Enter the desired option. | 3 – Supportive Services, Transportation, and WIN 4 – Non-recurring Start date |
| Payment Type | Enter the type of payment being issued. | R – Regular |
| FEIN Number | Enter the FEIN number for a provider if code 10, 16, or 50. If code 50 is paid to the individual enter the individual's SSN (only for car insurance or clerk fee). | Must be blank unless using code 10, 16, or 50. |

MS 0300*

STEP PAYMENTS (HRJAS3E2) SCREEN

| | | | | | | | |
|------------------------------------|-----------|-----------|------|--|---------------|-----------------------------|--|
| HRJAS3E2 &C2K | | EMA03609 | | STEP PAYMENTS | | 03/05/10 | |
| SSN | LAST NAME | FIRST | MI | B A L A N C E S | | | |
| 999-99-9999 | DOE | JANE | D | SUPP | SERV BAL | | |
| CAR REPAIR | | | | | CURRENT | 157.47 | |
| CURRENT: 1500.00 | | | | | PRIOR | 178.05 | |
| PRIOR : 282.00 | | | | | START DT | 0109 | |
| START DT: 1109 | | | | | | | |
| TRANSPORTATION: | | TRANS | | PAY MONTH (MMYY) | | | |
| | | — | | — | | | |
| PAY TYPE | | AMOUNT | | | | | |
| PROVIDER ID | (N) | \$\$\$\$ | CENT | TYPE | DATE (MMDDYY) | INVOICE NO | |
| | — | — | — | — | — | — | |
| | | | | RELOCATION DATA | | | |
| NAME: _____ | | CO: _____ | | OPTION: _____ | | REASON: _____ NEW CO: _____ | |
| ADD 1: _____ | | | | ADD 1: _____ | | | |
| ADD 2: _____ | | | | ADD 2: _____ | | | |
| CITY : _____ | | | | CITY : _____ | | | |
| ADDITIONAL PAYMENTS REQUIRED: _ | | | | STATE: _ | | ZIP: _____ | |
| ENTER PROVIDER ID: _____ | | | | PF3/PF15=RD SUBMENU PF5/PF17=TRACKING | | | |
| ENTER "X" TO AUTHORIZE PAYMENTS: _ | | | | PF2/PF14=DELETE PAY PF4/PF16=PAY SUBMENU | | | |

Procedural Instructions

PURPOSE:

This screen is used to authorize transportation, relocation, supportive service, and WIN payments. Payments are issued within 7 workdays of receiving a completed form PA-32, Authorization for Supportive Service Payments, PA-33, Verification of Kentucky Works Participation, or form WIN-1, Work Incentive Report/WIN-2, Second Notice for Work Incentive Report.

GENERAL INSTRUCTIONS:

Access the STEP Payments Screen by choosing option E, Payments, on the STEP Main Menu and entering the required information on the Supportive Services Submenu Screen.

For instances where transportation is not issued when the Monthly Tracking is completed, transportation payments are authorized on this screen. Enter the pay month as reported on form PA-33 for the transportation month. In cases of agency error, contact Family Self-Sufficiency Branch (FSSB) through your Regional Office.

Transportation payments can be made:

- A. For the current month;

B. One month in the future; or

C. Up to three calendar months prior to the current month.

DETAILED ENTRY INSTRUCTIONS:

| FIELD | DESCRIPTION | ENTRY |
|-------------------|--|---|
| SSN | This information is uploaded; no entry is possible. | |
| Last Name | This information is uploaded; no entry is possible. | |
| First | This information is uploaded; no entry is possible. | |
| MI | This information is uploaded; no entry is possible. | |
| Supp Serv Current | This information is uploaded; no entry is possible. | |
| Car Repair | This information is uploaded; no entry is possible. | |
| Prior | This information is uploaded; no entry is possible. | |
| Start Date | This information is uploaded; no entry is possible. | |
| Trans | Enter code to authorize pay for non-component. | F |
| Pay Month | Enter the month for which payment is being made. | MMYY |
| Provider ID | Information is uploaded from the Supportive Services (except if the payment is coded 10, 16, or 50.) | |
| Pay Type | Enter valid code for supportive services payment. | N - nonrecurring |
| Type | Enter the code to indicate the payment. | 03 – Timepieces (necessary for training or employment) 05 – Tools 06 – Licensing Fees (including examination fees related to obtain a license) 08 – School Supplies 10 – Medical SERVICES (Remedial Health Care SERVICES such as treatment, surgery, or procedures by a physician which are NOT covered by KMAP) 11 – Medical GOODS (Remedial Health Care GOODS such as glasses, dentures, etc. whether issued by a physician or business) 12 – Photo ID for GED (Photo ID necessary for |

| | | |
|------------------------------|--|--|
| | | taking a GED test) 13 – Clothing/Job Interview (One interview outfit) 14 – Uniforms (Required for employment) 15 – Criminal Records Check 16 – Driver's Ed Fee 24 – Work Incentive Reimbursements (WIN) 33 – Summer School Tuition 37 – Job retention bonus (no longer valid) 38 – Employment Retention Assistance (no longer valid) 44 – Relocation (Relocation Assistance Program - RAP) 45 – GED Test Fee 46 – Drug Test Fee 50 – Car Repairs 55 – Other Fees 77 – Short Term Training 78 – Work Subsidies (no longer valid) 70 – LPN/RN Test Fee (KY Board of Nursing) 88 – LPN/RN Test Fee (NLCEX) 80 – Jeff Co. Only - Project Life Recruitment fee |
| Date | Enter the date form PA-32 was signed by the case manager and issued to the participant. | MMDDYY |
| Invoice No. | Enter the provider invoice number, if appropriate. The authorization number on form PA-32 may be entered here. | Enter up to a 10-digit invoice number |
| Name | This information may be uploaded. Incorrect or missing information may be changed. If not uploaded, enter the name of the recipient. | The name or company who is payee of the check. |
| Co | This information may be uploaded. Incorrect or missing information may be changed. The county is the location of the provider not the participant. If the provider is out-of-state, enter the county of the participant. For Relocation, enter the county where the client lives at the time the request is made. | |
| Address | This information may be uploaded. Incorrect or missing information may be changed. | |
| City | This information may be uploaded. Incorrect or missing information may be changed. | |
| Additional Payments Required | Enter Y if additional payments are being authorized. | Y – yes N – no |
| Enter Provider ID | If additional payments are being made, enter the next provider ID if code 10, 15, or 50. Otherwise, leave blank. | |

| | | |
|--|--|---|
| Enter X to Authorize payments | An "X" must be entered to authorize payments. | X |
| For Relocation Assistance (code 44) payments: | | |
| Option | Enter A, B or C | A – Moved within the same county. B – Moved to another KY county. C – Moved out-of-state. |
| Reason | Enter reason for Relocation Assistance. | D – Domestic Violence E – Employment |
| New Co | Enter if option B is used. Put the county number where the individual moved. | 3-digit number |
| Address | Enter the new residence of the participant for all options. | |

DELETES STEP PAYMENTS (HRJAS3E4) SCREEN

| | | | | | | |
|--|-----------|--------------------|-----------------------|---------------------------------|----------|--|
| HRJAS3E4 &C2K | | EMA03609 | DELETES STEP PAYMENTS | | 03/05/10 | |
| SSN | LAST NAME | FIRST | MI | | | |
| 999-99-9999 | DOE | JANE | D | | | |
| PAY DT | PAY TYPE | REGULAR | PROVIDER NAME | PROVIDER ID | AMOUNT | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| — | | | | | \$.00 | |
| PLEASE PLACE A "D" BESIDE THE PAYMENTS YOU WISH TO DELETE. | | | | | | |
| PF1/PF13=HELP SCREEN | | PF2/PF14=MAIN MENU | | ENTER "X" TO DELETE PAYMENTS: _ | | |

Procedural Instructions

PURPOSE:

This screen is used to review payments and prevent erroneous checks.

GENERAL INSTRUCTIONS:

If a case manager wishes to delete an erroneous check, this must be done on the SAME day the payment was authorized. Payments that are not deleted on the same day as authorized cannot be cancelled on STEP by the case manager.

DETAILED ENTRY INSTRUCTIONS:

The field next to Pay Dt is used to delete an erroneous payment by entering a "D", then moving to the bottom right of screen, entering an "X" and pressing Enter.

When inquiring payments that were issued, but later cancelled by Central Office staff, a "D" will appear in the Pay Dt field. The county number of the caseload code is changed to 121 to show the cancellation was completed by Central Office.

Payments deleted by case managers before a check is issued will display a "Y" in the Pay Delete field.

STEP COMMENTS (HRJAS3F1) SCREEN

Procedural Instructions

Use this screen to document activity that is not explained by screen entries, describe actions taken, or the resolution of discrepancies.

To access STEP Comments, choose option F on the STEP Main Menu.

Case managers can share information with Contractors by inputting comments and entering an "X" in the "Enter X to Notify Con" prior to pressing Enter. The message "contractor notified XX/XX" appears on the Comments screen after such a request is made. The date will be retained until a subsequent request is accepted. Only one message will appear at a time, so the date in the message reflects the most recent notification. The message is confirmation that the case manager correctly entered an "X" and pressed enter, generating a report, CONTRACTOR KWP ACTIVITY, on RDS which includes daily messages from DCBS. The contractor reviews the "Activity Report", which displays messages per participant.

An error message appears if the "X" is entered on a case with no contractor component. Contractors may be required to navigate to the second screen of comments to locate the information in cases in which the case manager completes a screen and enters additional information on a second screen on the same date.

MONTHLY TRACKING (HRJAS3G1) SCREEN

| | | | | | | | |
|--|--|---------------|--|-------------------------|--|--------------|--|
| HRJAS3G1 &CVU | | EMA03367 | | MONTHLY TRACKING | | 03/05/10 | |
| LAST UPDATE | | | | | | | |
| 999999999 | | DOE | | JANE | | D | |
| | | PROJECTED | | ACTUAL | | VERIFICATION | |
| COMPID | | TYPE | | COMP DATE | | WKLY HRS | |
| 057NA99COM | | COM | | 063010 | | — | |
| TRACK MONTH | | TRANS | | WKLY | | CONCILIATION | |
| (MO / YR) | | HOL | | EX ABS | | DATE | |
| — — | | — | | 00 00 | | 00 | |
| CCYYMMDD | | | | | | | |
| NEW COMPID | | REFERRAL DATE | | (PRIOR COMPONENTS ONLY) | | | |
| USE TO TRACK ACTIVITY OF ADDITIONAL COMPID OR TO CHANGE COMPID'S | | | | | | | |
| DO YOU WISH TO BYPASS UPDATE OF THIS COMPONENT? _ | | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF3/PF15=RD SUBMENU NEXT ACTION: _ | | | | | | | |

Procedural Instructions

PURPOSE:

The screen captures the receipt of form PA-33, Verification of Kentucky Works Participation, and verification of participation, anticipated transportation expenses for the following month, weekly hours completed, deemed core hours, holidays, and excused absences. This screen is completed when form PA-33 is received reporting participation in an activity.

GENERAL INSTRUCTIONS:

Monthly component tracking is completed by choosing option G, Monthly Tracking, on the STEP Main Menu.

Entry on this screen is made to capture the weekly hours the individual participated in the activity and to issue transportation payments. Monthly tracking is completed for the calendar month attendance as reported on form PA-33. STEP authorizes transportation payments for the prospective month based on the "Track Month" entry. Example: In May, April tracking is completed, which issues June's transportation payment.

In order to make payments promptly and to ensure attendance is recorded for participation, complete tracking within 7 days of receiving form PA-33.

Review the Monthly Tracking entries prior to pressing enter to ensure participation hours are entered correctly. Delete the transportation payment if information is entered in error by pressing F2 while on the STEP Payment Screen to access the Deletes STEP Payments Screen.

Closed components can be tracked in the following manner:

Access the closed record by entering the component ID in "New Comp ID" field and enter "Y" in the bypass field. If the prior component record displays, the component can be tracked. If the prior component record does not display, the comp ID is not accessible.

If a participant was active in the same component ID more than once, the "Referral Date" field must be entered for STEP to locate the correct component.

If the case is terminated on STEP, then re-approved, you cannot access the prior component because it is moved to History. In order to document participation for the month, enter the prior component placement information covering the month not tracked on the Component Activity Screen and update the Monthly Tracking screen.

DETAILED ENTRY INSTRUCTIONS:

| FIELD | DESCRIPTION | ENTRY |
|---|--|---|
| SSN | This information is uploaded; no entry is possible. | |
| Last Name | This information is uploaded; no entry is possible. | |
| First Name | This information is uploaded; no entry is possible. | |
| MI | This information is uploaded; no entry is possible. | |
| Comp ID | This information is uploaded; no entry is possible. | |
| Type | This information is uploaded; no entry is possible. | |
| Projected Comp Date | This information is uploaded; no entry is possible. | |
| Actual Wkly Hours | Enter the number of weekly hours the individual completed. Use the Monthly STEP Entry Guide to convert the month's hours to a weekly amount. | 2-digit number |
| Verification Received | Enter only if the participation verification is received. | Y - Yes |
| Track Month | Enter month of reported participation | MMYY |
| Trans | Enter code to issue payment, to track without issuing a payment, leave field blank. | F – 4 or more days |
| Wkly Hol | Enter the code representing the number of holiday hours for the month. | 1 1-4 hours 2 5-8 hours 3 9-12 hours 4 13-16 hours |
| Wkly Ex Abs | Enter the code representing the number of excused absences for the month. | 1 1-4 hours 2 5-8 hours 3 9-12 hours 4 13-16 hours |
| Conciliation Date | Enter the date the need for conciliation was identified, otherwise leave blank. | MMDDYY |
| Deemed Core | Enter the number of weekly deemed core hours. | 2-digit number |
| Wages | Enter monthly wages for SEE component | Up to 4-digit number |
| Subsidized? | Enter to identify subsidized employment for a SEE component | Y or N |
| New Comp ID | Enter Component ID to track another component. Must enter Y in "Bypass" Field | 9-digit Comp ID |
| Referral Date | Enter referral date of prior component. | YYYYMMDD |
| Do you wish to bypass update of this component? | Enter "Y" to track another component. Must enter Comp ID in New Comp ID field | Y |

MS 0380*

SANCTION (HRJAS3H1) SCREEN

| | | | | | | | |
|---|---------------|-----------------|---------------------|------------------|----------|--|--|
| HRJAS3H1 | &CVU | EMA03367 | SANCTION | | 03/05/10 | | |
| | | | | | | | |
| 999-99-9999 | DOE | JANE | D | LAST UPDATE DATE | | | |
| | | | | | | | |
| S A N C T I O N I M P O S E D | | | | | | | |
| REASON | | ACTION DATE | | EFFECTIVE DATE | | | |
| _____ | | | | | | | |
| | | | | | | | |
| C U R E S A N C T I O N | | | | | | | |
| SEQ. NO | EARLIEST DATE | CURE BEGIN DATE | CURE COMPLETED DATE | DELETE | | | |
| FIRST | | _____ | _____ | — | | | |
| SECOND | | _____ | _____ | — | | | |
| THIRD | | _____ | _____ | — | | | |
| | | | | | | | |
| THE EFFECTIVE DATE FOR THE CURRENT ACTIVE SANCTION IS | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP | | | | NEXT ACTION: _ | | | |

Procedural Instructions

PURPOSE:

This screen is used to impose a KWP sanction, cure a sanction, or delete an erroneous sanction for an individual in a “C” case. A sanction is not appropriate for a “W” case.

GENERAL INSTRUCTIONS:

Access the screen by choosing option H, Sanction, on the STEP Main Menu.

Enter the sanction information on STEP within three days of unsuccessful conciliation; this is the “action date”. The “effective date” is the date the pro rata reduction of benefits will be affected on KAMES. Example: If a sanction is entered before IM cut-off in January, the sanction effective date is February 1. If a sanction is entered after IM cut-off in January, the sanction effective date is March 1.

The information entered on this screen is uploaded to the General Information screen, Sanction section.

Pending or active components must be deleted or closed before accessing the Sanction screen. If the Sanction screen (option H) is chosen and an active or pending component exists, an error message “If adding sanction, close pending/active comps first” will display.

A sanction is not appropriate for “W” cases. The system will prevent case workers from entering a sanction on a member in a “W” case. If the Sanction screen (option H) is chosen for a “W” case an error message, “Sanction not allowed for “W” case” will display.

The individual may be referred to a component after a “cure begin date” has been entered. This also allows supportive services to be paid. The individual is eligible for transportation and supportive services during the 15 day participation period regardless of the outcome. This is not applicable for a Full Family Sanction.

Only one entry per day per member is allowed on the Sanction screen. On inquiry, the Change Date field will show the actual date information was entered regardless of the action date.

When a sanction is deleted from this screen, it is still retained on history. This can be viewed by accessing STEP History (option K) then Sanction (option G).

DETAILED ENTRY INSTRUCTIONS:

| FIELD | DESCRIPTION | ENTRY |
|-----------------------------|---|--|
| SSN | This information is uploaded by the system. No entry is possible. | |
| Last Name | This information is uploaded by the system. No entry is possible. | |
| First Name | This information is uploaded by the system. No entry is possible. | |
| MI | This information is uploaded by the system. No entry is possible. | |
| Sanction Reason | Enter the appropriate 2-digit reason for the sanction. | 01 – Failure to report for assessment (No longer valid); 02 – Failure to cooperate in completing the TAA process; 03 – Failure to show for component referral interview; 04 – Failure to meet attendance requirements; 05 – Failure to return Information; 06 – Refuses to accept employment; 07 – Terminates employment; 08 – Reduces Earnings; or 09 – Refused to cooperate/report to a contractor. |
| Action Date | Enter the day the sanction is being entered. | MMDDYY |
| Effective Date | Enter the date the K-TAP benefit is reduced on KAMES. | MMDDYY |
| Cure Sanction Earliest Date | This is uploaded by the system. | |

| | | |
|---------------------|--|--------|
| Cure Begin Date | Enter the day the individual agrees to participate or is no longer subject to sanction. Otherwise, leave blank. NOTE: An entry must be made in this field to allow a component referral to be made. | MMDDYY |
| Cure Completed Date | Enter the date the sanction has been completed, 15 days after the Cure Begin Date. | MMDDYY |
| Delete | Enter "X" when removing a sanction applied erroneously. DO NOT use when a sanction expires or is cured. | X |

MS 0400*

WIN ADDRESS DATABASE (HRJAS3I6) SCREEN

| | | | | |
|---|-----------|-------|----|----------------------------|
| HRJAS3I6 &BSF EMA01949 WIN ADDRESS DATABASE | | | | 03/05/10 |
| SSN | LAST NAME | FIRST | MI | LAST UPDATE DATE: 01/05/10 |
| 999-99-9999 | DOE | JANE | D | |
| ADDRESS: _____ | | | | |
| ADDRESS: _____ | | | | |
| CITY/STATE/ZIP: _____ | | | | |
| COUNTY: 999 | | | | |
| CASELOAD CODE: 999ZZZ | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP | | | | DELETE RECORD: _ |

Procedural Instructions

PURPOSE:

This screen is used to enter an address change for an individual receiving WIN payments.

GENERAL INSTRUCTIONS:

Access the WIN Addresses Database Screen by choosing option I on the STEP Main Menu.

When an address change is reported for an active WIN case, access this screen to update the information. Updating the WIN database does not update any other system.

DETAILED ENTRY INSTRUCTIONS:

Enter the new address, city, state, and zip code.

Enter the new county code and caseload code, if changed.

MS 0420*

CONCILIATION 204 ISSUANCE (HRJAS3S2) SCREEN

| | | | |
|---|------------------|----------------------------------|--------------|
| HRJAS3S2 &C5C | EMA03709 | CONCILIATION 204 ISSUANCE SCREEN | 03/05/10 |
| 999999999 | DOE | JANE | D |
| IS KW 204 NEEDED? _ | | | |
| APPT DATE | _____ (MMDDCCYY) | APPT TIME | _____ (HHMM) |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP | | | |

Procedural Instructions

PURPOSE:

This screen is used to issue an automated form KW-204, Conciliation Notice.

GENERAL INSTRUCTIONS:

Access the screen by choosing option S, Conciliation 204 Issuance, on the STEP Main Menu.

Case Managers can issue an automated form KW-204, Conciliation Notice, with or without an appointment date and time for any individual active on STEP.

DETAILED ENTRY INSTRUCTIONS:

Answer "Y" to the question "Is KW 204 Needed?" to issue form KW-204 requesting the individual contact the case manager within 10 days.

Answer "Y" to the question "Is KW 204 Needed?" and enter a date in the "Appt Date" field and a time in the "Appt Time" field to issue form KW-204 with an appointment for a specific date and time.

Only one form KW-204 can be issue per day. If multiple entries are made on this screen the last entry will be the only action processed. The "Y" can be deleted to stop the issuance of form KW-204, if necessary.

MS 0500*

STEP HISTORY (HRJAS3K1) SCREEN

| | | | |
|---|----------|--------------|----------|
| HRJAS3K1 &C5C | EMA03709 | STEP HISTORY | 03/05/10 |
| 999-99-9999 | DOE | JANE | D |
| _ FUNCTION DESIRED | | | |
| FUNCTIONS | | | |
| A. GENERAL INFORMATION | | | |
| B. ASSESSMENT | | | |
| C. EMPLOYABILITY DEVELOPMENT PLAN/TAA | | | |
| D. COMPONENT ACTIVITY | | | |
| E. PAYMENTS | | | |
| F. COMMENTS | | | |
| G. SANCTION | | | |
| J. CONTRACTOR COMMENTS | | | |
| M. NON-CUSTODIAL PARENTS | | | |
| N. CASE SUMMARY/INFORMATION SCREEN | | | |
| S. CONCILIATION NOTICE HISTORY | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF3/PF15=CASE NUMBER LOOKUP | | | |

Procedural Instructions

PURPOSE:

This screen is used to inquire all actions taken on STEP.

GENERAL INSTRUCTIONS:

Access the STEP History Screen by choosing option K on the STEP Main Menu.

Enter the individual's SSN on the STEP Main Menu. It is not necessary to enter a caseload code for inquiry of STEP History.

Use the F2 function key to return to the STEP Main Menu.

This screen provides the following options:

- General Information (option A)
- Assessment (option B)
- Employability Development Plan/TAA (option C)
- Component Activity (option D)

- Payments (option E)
- Comments (option F)
- Sanction (option G)
- Contractor Comments (option J)
- Non-Custodial Parents (option M)
- Case Summary/Information Screen (option N)
- Conciliation Notice History (option S) – Form KW-204 Notice History.

MS 0520*

STEP GENERAL INFORMATION INQUIRY (HRJAS3KX) SCREEN

| | | | | | | | | | | | | |
|--|------|----------------------------------|--------|----------|----------|----------|------|---------------|-----|---------|-----|--|
| HRJAS3KX | | STEP GENERAL INFORMATION INQUIRY | | | | | | &C5C EMA03709 | | | | |
| 03/05/10 | | | | | | | | | | PAGE 01 | | |
| 999-99-9999 | | DOE | | JANE | | D | | * MORE * | | | | |
| | | | | | | | | | | | | |
| CASE CASE CHANGE REFERRAL TERM REF S.I. | | | | | | | | | | | | |
| SEQ | SUFF | NUMBER | LOAD | DATE | DATE | DATE | STAT | CODE | TGT | CTY | PGM | |
| 1 | 89 | 999999999 A | 037CCC | 11/02/09 | 02/14/08 | 12/01/09 | N | W | S | 037 | C | |
| 2 | 90 | 999999999 A | 037CCC | 05/15/09 | 02/14/08 | | N | W | S | 037 | C | |
| 3 | 91 | 999999999 A | 037CCC | 12/30/08 | 02/14/08 | | N | W | S | 037 | C | |
| 4 | 92 | 999999999 A | 037CCC | 12/12/08 | 02/14/08 | 01/01/09 | N | W | S | 037 | C | |
| 5 | 93 | 999999999 A | 037CCC | 02/14/08 | 02/14/08 | | N | W | S | 037 | C | |
| 6 | 94 | 999999999 A | 037CCC | 02/04/08 | 02/03/05 | 03/01/08 | N | W | S | 037 | C | |
| 7 | 95 | 999999999 A | 037CCC | 01/25/08 | 02/03/05 | | N | W | S | 037 | C | |
| 8 | 96 | 999999999 A | 037CCC | 09/01/05 | 02/03/05 | 10/01/05 | N | W | S | 037 | C | |
| 9 | 97 | 999999999 A | 037CCC | 02/03/05 | 02/03/05 | | N | W | S | 037 | C | |
| 10 | 98 | 999999999 A | 037CCC | 01/21/05 | 11/17/04 | 12/01/05 | N | W | S | 037 | C | |
| | | | | | | | | | | | | |
| SEQUENCE: ____ | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| PF7/PF19=SCROLL BACKWARD PF8/PF20=SCROLL FORWARD | | | | | | | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF4/PF16=HISTORY SUBMENU | | | | | | | | | | | | |

Procedural Instructions

PURPOSE:

This screen contains a list of sequences of history for the individual.

GENERAL INSTRUCTIONS:

Access STEP General Information Inquiry Screen by choosing option K, STEP History, then option A, General Information.

If more than one sequence exists, select the desired sequence. The most recent sequence is listed first. In the "Next Action" field enter the section you wish to view. F4 returns you to the STEP History menu. From there, select the function you want to access for that sequence – general information, payments, comments, etc.

EXAMPLE: If the case manager wishes to view payments from a previous period, select the appropriate sequence, then enter "E" in "Next Action" field. The payments for the previous period will appear. It may be necessary to inquire in each segment to locate the payment.

MS 0540*

STEP ASSESSMENT INQUIRY (HRJAS3KB) SCREEN

| | | | | | | | | |
|--|----------|----------------------------------|--------|----------|----------|-----|----------|---------|
| HRJAS3KB &C5C | | EMA03709 STEP ASSESSMENT INQUIRY | | 03/05/10 | | | | |
| | | | | PAGE 01 | | | | |
| 999-99-9999 | | DOE | JANE | D | | | | |
| | | 1 | 3 | 5 | 6 | 7 | 8 | |
| | | CASE | BASIC | WORK | TAA/ | | | |
| SEQ | DATE | LOAD | SKILLS | HISTORY | CONCERNS | EDP | REFERRAL | COMMENT |
| 1 | 03/09/09 | 037CCC | 0 | 1 | 1 | 1 | 0 | 1 |
| 2 | 02/17/06 | 037CCC | 0 | 0 | 0 | 0 | 0 | 1 |
| 3 | 01/31/06 | 037CCC | 1 | 1 | 1 | 0 | 0 | 0 |
| 4 | 10/07/05 | 037CCC | 0 | 0 | 0 | 0 | 0 | 1 |
| SEQUENCE: ____ FUNCTION (1-8): __ | | | | | | | | |
| PF7/PF19=SCROLL BACKWARD PF8/PF20=SCROLL FORWARD | | | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF4/PF16=HISTORY SUBMENU | | | | | | | | |

Procedural Instructions

PURPOSE:

This screen contains the history of assessments completed prior to 4/1/09. This is also a way to find specific segments of prior actions. In addition to assessment information, this screen also provides history on the TAA (prior to 4/1/09), referrals, and comments.

GENERAL INSTRUCTIONS:

Access the STEP Assessment Inquiry Screen by choosing option K, STEP History, and then option B, Assessment.

To access detailed information, choose the Sequence number (2-digit) and then the Function number (1-digit) for the desired screen. This is another way to view past TAA's and comments.

MS 0560*

EDP/TAA INQUIRY (HRJAS3KI) SCREEN

| | | | | |
|---|------------------|-----------|------------------|----------------------|
| HRJAS3KI &B28 | EMA02338 | EDP / TAA | CASE | 03/05/10 |
| CASE NO STAT SEQ # LOAD LAST UPDATE | | | | |
| 999-99-9999 | DOE | JANE | D 999999999 A NW | 1 037CCC 12/08/08 |
| EMPLOYMENT GOAL: COMPLETE COLLEGE, SECURE EMPLOYMENT IN NURSING FIELD AS LPN | | | | |
| IMMEDIATE NEEDS: CHILD CARE | | | | |
| IT IS MY GOAL TO BE SELF-SUPPORTING BY? 1209 GOOD CAUSE: N | | | | |
| DO YOU HAVE A CAR AND WOULD YOU BE WILLING TO TRANSPORT OTHER JOBS CLIENTS? N | | | | |
| AGREED UPON ACTIVITY: D A T E S | | | | |
| BY(C/A) | ACTIVITY | START | END | REVIEW PROVIDER NAME |
| C | ATTEND COLLEGE | 120808 | | JANE |
| C | KEEP CHFS APPTS | 120808 | | JANE |
| C | RET PA33 MTHLY | 120808 | | JANE |
| C | SECURE CHILDCARE | 120808 | | JANE |
| C | SEEC ASSESSMENT | 120808 | | JANE |
| A | CASE MANAGEMENT | 120808 | | CHFS |
| A | SUPP SERVICES | 120808 | | CHFS |
| A | REF AS NEEDED | 120808 | | CHFS |
| A | ISSUE PAYMENTS | 120808 | | CHFS |
| HISTORY SEQUENCE: ____ | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF4/PF16=SUMMARY MENU NEXT ACTION: __ | | | | |

Procedural Instructions

PURPOSE:

This screen displays the history of the last Employability Development Plan/Transitional Assistance Agreement (EDP/TAA) completed prior to 4/1/09. To review the current TAA that was completed after 4/1/09, access KAMES.

GENERAL INSTRUCTIONS:

Access the EDP/TAA Inquiry Screen by choosing STEP History, option K and Employability Development Plan/TAA, option C.

To access additional TAAs from history, access through the STEP Assessment Inquiry Screen by choosing STEP History, option K and Assessment, option B.

MS 0580*

COMPONENT LIST (HRJAS3KJ) SCREEN

| | | | | | | | | | | | |
|---|------------|---------------|-----------------|---------------|----------------|----------------|----------------|--------------------|-------------------|--------------------|--|
| HRJAS3KJ &CVU | | EMA03367 | COMPONENT LIST | | | | PAGE NO 01 | | * MORE * | | |
| 999-99-9999 | | DOE | JANE | | D | | | | | | |
| SEQ # | COMPID | CASE LOAD | HRS | RESULT | REF CODE | REF DATE | FUND SOURCE | UPDATE VET DATE | SUB | DEEMED CORE | |
| 1 | 037NA99SEE | 037CCC | 20 | 01 | 0 | 050109 | N | N 073109 | N | 00 | |
| | | PLACE DATE | ENROLL START | ENROLL END | REJECT DATE | REJECT CODE | REV DATE | COMP PROJ DT | COMP ACTUAL DT | | |
| | | 050309 | 050309 | 073109 | 000000 | | 000000 | 073109 | 073109 | | |
| CON - | | OFFICE | DESK | EMPL | HOURS | NOSHOW | NON | COMPL | CON | CHG | |
| | | | | | 00 | | | | | REV DATE 000000 | |
| | | | | | | | | | | | |
| 2 | 037NA99COM | 037CCC | 17 | | 0 | 020409 | N | N 043009 | | 03 | |
| | | PLACE DATE | ENROLL START | ENROLL END | REJECT DATE | REJECT CODE | REV DATE | COMP PROJ DT | COMP ACTUAL DT | | |
| | | 020409 | 020409 | 043009 | 000000 | | 000000 | 043009 | 043009 | | |
| CON - | | OFFICE | DESK | EMPL | HOURS | NOSHOW | NON | COMPL | CON | CHG | |
| | | | | | 00 | | | | | REV DATE 000000 | |
| | | | | | | | | | | | |
| PF7/PF19=PAGE BACKWARD PF8/PF20=PAGE FORWARD PF4/PF16=HISTORY SUBMENU | | | | | | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP ENTER SEQ # FOR TRACKING SEQ: ____ | | | | | | | | | | | |

Procedural Instructions

PURPOSE:

This screen is used to inquire placement data for each component the individual was referred.

GENERAL INSTRUCTIONS:

Select STEP History (option K) from the STEP Main Menu, then Component Activity (option D). Updates by case managers are made via the Component Placement Submenu.

Updates by contractors are made on the Contractor Component Placement Submenu. At each contractor update, the case manager receives a spot check, "Review Contractor Screens."

A "Contractor" line is preprinted on the screen; when the contractor makes the update, entries upload under the columns titled office and desk to identify the contractor's office. When applicable, uploaded data appears under the Empl, Hours, Noshow, Non Compl, and Rev Date columns. If the contractor made the entry, a "Y" appears in the Con Chg column.

The case manager's caseload code ALWAYS appears, even if the Contractor entered the update.

The F8 function key pages forward and the F7 function key pages backward. It may be necessary to access more than one sequence in history to find the desired component history.

No entries are made on this screen; use for inquiry only.

MS 0600*

PAYMENTS INQUIRY (HRJAS3KL) SCREEN

| | | | | | | | | | | | |
|---|---------------|------------------|---------------------------------|------------|------------|------------|--------|------------|---------|--------------|------------|
| HRJAS3KL &C5C | EMA03709 | PAYMENTS INQUIRY | PAGE 01 | | | | | | | | |
| SSN: 999-99-9999 | DOE | JANE D | NON RECUR START DT: 0000 | | | | | | | | |
| ERA BAL: 0.00 | PRI: 0.00 | ERA DT: 000000 | SUPP SERVICE: 400.00 PRIOR: .00 | | | | | | | | |
| CAR CARE START DATE: 0000 CAR CARE BALANCES: CURRENT: 1500.00 PRIOR: 500.00 | | | | | | | | | | | |
| SEQ NO | PAY DELETE | DATE PD | CASE LOAD | COMP ID | TYP PAY | R S | AMT | PROV ID | INVOICE | PAY MONTH | PAY TYP |
| 1 | | 010510 | 037CCC | 037NA99COM | T | R | 200.00 | | | 020110 | |
| 2 | | 121509 | 037CCC | 037NA99COM | T | R | 200.00 | | | 010110 | |
| 3 | | 111609 | 037CCC | 037NA99COM | T | R | 200.00 | | | 120109 | |
| 4 | | 100509 | 037CCC | | T | R | 100.00 | | | 110109 | |
| 5 | | 100509 | 037CCC | | T | R | 100.00 | | | 100109 | |
| RELOCATION DATA | | | | | | | | | | | |
| ADD 1: | | | | CITY: | | | | OPTION: | | | |
| ADD 2: | | | | STATE: | | ZIP: 00000 | | NEW CO: | | | |
| PF7/PF19 = PAGE BACKWARD PF8/PF20 = PAGE FORWARD PF4/PF16=HISTORY SUBMENU | | | | | | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP SEQUENCE NUMBER: | | | | | | | | | | | |

Procedural Instructions

PURPOSE:

This is an inquiry screen used to view payments authorized for an individual related to KWP activities. The start dates and balances of supportive services and car repair funds are also displayed on this screen.

GENERAL INSTRUCTIONS:

Access the Payments Inquiry Screen by choosing STEP History, option K on the STEP Main Menu and then Payments, option E.

To view details of an individual payment, select the appropriate sequence number for the payment.

If a payment has been deleted, one of the following reason codes will display:

Y - This code appears for a payment entry if the case manager cancelled the payment on the same day it was entered (date pd.). No check was generated as a result.

D - This code indicates the authorized payment was cancelled after the check was issued. The vendor (or participant in transportation payment authorizations) did not receive payment as a result. Requests

to cancel a payment or repayments of cashed checks that are submitted to General Accounting in Central Office are automatically forwarded for the "D" update process. The caseload code is changed to reflect county 121 to denote an update was performed at the Central Office level.

I - "Intercept." This code indicates the entire payment was intercepted in its entirety at the Kentucky State Treasurer's level to pay an Internal Revenue Service (IRS) levy or Unemployment Insurance (UI) claim for unpaid employer taxes. The provider is notified with a letter the first time a STEP check is intercepted. A copy of the original IRS levy or UI claim notice is sent with the notice. Field staff will not know whether the diversion was made for the IRS or UI.

P - "Partial Intercept." This code indicates the payment was re-deposited so that a portion is diverted to the IRS or UI central office and the remaining amount will be routed to the provider in 10 to 14 days.

Both "P" and "I" coded payments are considered payment to the vendor; the vendor may NOT charge the participant for the amount intercepted. Participants are to be told that the payment has been made but are not informed that an intercept occurred to protect confidentiality. Vendors may be reminded that an intercept was applied if they contact the agency.

If excess diversion occurs, the State Treasurer is responsible for refunding money to the vendor only after notification from IRS or UI.

R/S COLUMN: R = regular; S = supplemental.

STEP COMMENTS INQUIRY (HRJAS3KP) SCREEN

Procedural Instructions

This screen is for inquiry of case comments.

Access STEP Comments Inquiry by choosing STEP History, option K and then Comments, option F.

Additional comments can be accessed through the Assessment Inquiry Screen option B and selecting the appropriate sequence and function 8.

MS 0640*

SANCTION INQUIRY (HRJAS3KR) SCREEN

| | | | |
|--|----------|----------|---|
| HRJAS3KR &C5C | EMA03709 | SANCTION | 03/05/10 |
| | | | PAGE 01 |
| 999-99-9999 DOE JANE D | | | |
| SEQ | D | A | T E S CURE CURE CASE ACT/LEV DELETE |
| NO CHANGE | ACTION | EFFECT | LETTER EARLIEST START END RSN LOAD DATE |
| ----- | | | |
| 1 | 031709 | 011209 | 020109 020109 030209 031709 02 037CCC 1 1 |
| 2 | 011209 | 011209 | 020109 020109 02 037CCC 1 1 |
| PF7/PF19=SCROLL BACKWARD PF8/PF20=SCROLL FORWARD | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF4/PF16=HISTORY MENU NEXT ACTION: _ | | | |

Procedural Instructions

PURPOSE:

This screen contains the history of sanctions that have been imposed and/or cured.

GENERAL INSTRUCTIONS:

Access the Sanction Inquiry Screen by choosing STEP History, option K then Sanction, option G.

This screen is inquiry only and includes the following information:

SEQ – Sequence number;

CHANGE DATE – Date the sanction was imposed or a cure start or cure end date was entered;

EFFECT DATE – Date the sanction is effective on KAMES;

LETTER DATE – This field is no longer used;

EARLIEST DATE – Earliest date the sanction can be cured;

CURE START – Actual cure start date;

CURE END – Date the sanction is cured;

RSN – Reason Code for the sanction

- **01** – Failure to report for assessment (No longer valid);
- **02** – Failure to cooperate in completing the TAA process;
- **03** – Failure to show for component referral interview;
- **04** – Failure to meet attendance requirements;
- **05** – Failure to return Information;
- **06** – Refuses to accept employment;
- **07** – Terminates employment;
- **08** – Reduces Earnings; or
- **09** – Refused to cooperate/report to a contractor.

CASE LOAD – Case load code of the case manager who imposed the sanction;

ACT/LEV – Action/Level – Determines the number of occurrence of sanctions. This is no longer used.

DELETE DATE – Date the sanction was deleted.

CONTRACTOR COMMENTS INQUIRY (HRJAS3KT) SCREEN

Procedural Instructions

This screen is for inquiry of case comments entered by a contractor.

Access Contractor Comments Inquiry by choosing STEP History, option K and then Contractor Comments, option J.

MS 0680*

STEP SUMMARY/INFORMATION (HRJAS3KN) SCREEN

| | | | | |
|--|--------------------|--------------------------|---------|-----------------------|
| HRJAS3KN &C5C | EMA03709 | STEP SUMMARY/INFORMATION | | 03/05/10 |
| | | | | |
| 999-99-9999 DOE | JANE D | | | |
| | | | | |
| KWP DISQLS FROM KAMES: | 2 | | | |
| | | | | |
| MONTHS BENEFITS RECEIVED FROM KAMES: | 15 | | | |
| | | | | |
| MONTHS CONSIDERED FOR 60 MONTH LIFE TIME LIMIT FROM KAMES: | 15 | | | |
| | | | | |
| KAMES 2 MONTH EXCLUSION USED: | N | ASSESS: | Y | GOOD CAUSE: |
| | | | | |
| MONTHS IN EDUCATIONAL COMPONENTS: | TOTAL/TRACKED: "Y" | | | |
| | CCO | COL | VOC | JST |
| | 009/000 | 000/000 | 000/000 | 000/000 |
| | | | | |
| NO OF | | | | |
| CHILDREN | UNDER 1 | 1-5 | 6-18 | |
| 1 | 0 | 1 | 0 | |
| | | | | |
| PF2/PF14=MAIN MENU | | PF1/PF13=SCREEN HELP | | PF4/PF16=HISTORY MENU |

Procedural Instructions

PURPOSE:

This screen is a summary of STEP case information. It includes KWP disqualifications from KAMES, the total number of months benefits have been received, the number of months considered in the 60-month time limit, if the 2-month earned income exclusion has been used, if the assessment has been completed on KAMES, number and age range of children, and educational months tracked.

GENERAL INSTRUCTIONS:

Access this screen by choosing STEP History, option K and then Case Summary/Information Screen, option N.

This screen is inquiry only.

MS 0700*

CONCILIATION NOTICE HISTORY (HRJAS3S3) SCREEN

| | | |
|--|-----------------------------|-------------------------|
| HRJAS3S3 &C5C EMA03709 | CONCILIATION NOTICE HISTORY | DATE: 03/05/10 |
| | | PAGE 01 |
| SSN: 999999999 MEMBER NAME: JANE D DOE | | |
| NO. | DATE NOTICE ISSUED | NOTICE ISSUANCE TYPE |
| 1 | 01/13/2010 | |
| 2 | 01/08/2010 | M |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF7/PF19=BACKWARD PF8/PF20=FORWARD | | |

Procedural Instructions

PURPOSE:

This screen provides a history of issuance of form KW-204, Conciliation Notice.

GENERAL INSTRUCTIONS:

Access the Conciliation Notice History screen by choosing STEP History, option K and then Conciliation Notice History, option S.

This screen contains a history of all forms KW-204, Conciliation Notice, that have been issued to the individual. Form KW-204 can be issued from selecting Conciliation 204 Notice (option S) from the STEP Main Menu or by entering an "I" (Incomplete) or "N" (No form received) on the System-Generated PA-33/KW133/WIN1 screen under Case Management Reports. Forms KW-204 are only issued once per

month from the PA-33/KW133/WIN1 screen and the "I" or "N" must be entered by the 7th day of the month.

Forms KW-204 issued by the Conciliation 204 Notice (option S) show blank under Notice Issuance Type. Forms KW-204 issued by the System-Generated PA-33/KW133/WIN1 screen are indicated with an "M" under Notice Issuance Type.

MS 0800*

CASE MANAGEMENT REPORTS (HRJAS3R1) SCREEN

| | | | |
|--|----------|-------------------------|----------|
| HRJAS3R1 &B28 | EMA02338 | CASE MANAGEMENT REPORTS | 03/05/10 |
| ----- | | | |
| 0. SANCTIONED PARTICIPANTS | | | |
| 1. CASE LOAD LIST | | | |
| 3. SYSTEM GENERATED PA-33/KW133/WIN1 | | | |
| 3A. SYSTEM GENERATED PA-33/KW133/WIN1 INQUIRY | | | |
| OPTION ____ | | | |
| PF2/PF14= MAIN MENU PF1/PF13= SCREEN HELP | | | |

Procedural Instructions

PURPOSE:

This screen is to provide tools to assist in caseload management.

GENERAL INSTRUCTIONS:

Access the Case Management Reports screen by choosing option L on the STEP Main Menu.

This screen provides the following options:

- Sanctioned Participants (option 0)
- Case Load List (option 1)
- System Generated PA-33/KW133/WIN1 (option 3)
- System Generated PA-33/KW133/WIN1 Inquiry (option 3A)

STEP SANCTIONED PARTICIPANTS (HRJAS3R3) SCREEN

Procedural Instructions

This screen lists cases in order of social security number and contains the following information:

SEQ – sequence number;

SSN – Social security number of the individual;

Participant Name – the name of the individual who is sanctioned;

Case # - the case number of the KAMES case in which the individual is a member;

Sanction Eff Date – the date the sanction was effective on KAMES;

K-TAP Months – the number of months of K-TAP receipt;

Months Sanction – the number of months the individual has been sanctioned; and

Cure Begin – the date the individual began to cure the sanction.

MS 0840*

STEP CASE LOAD LIST (HRJAS3R5) SCREEN

| | | | | | | |
|---|-----------|-----------------------|-----------|----------|-----------|--------------|
| HRJAS3R5 &B28 | EMA02338 | CASE LOAD LIST BY SSN | 03/05/10 | | | |
| | | | PAGE 01 | | | |
| CASELOAD: 037CCC | | | * MORE * | | | |
| SQ | SSN | W PARTICIPANT NAME | ASSESS GC | SANCTION | EMP HRS | MRT DUE DATE |
| 1 | 999999999 | DOE | JOHN | Y | 25 | |
| 2 | 999999999 | DOE | JACKIE | Y | A | |
| 3 | 999999999 | DOE | JANE | Y | | |
| PEND | REF DATE | COMPONENT | ENROLL | START DT | PROJ DATE | VER RECD HRS |
| N | 081509 | 037N000VOC | | 081509 | 123109 | |
| PF7/PF19=PAGE BACKWARD PF8/PF20=PAGE FORWARD | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF4/PF16=REPORT SUBMENU | | | | | | |

Procedural Instructions

PURPOSE:

This screen contains a listing of all active individuals in a case load.

GENERAL INSTRUCTIONS:

Access the STEP Case Load List by choosing Case Management Reports, option L and then Case Load List, option 1. No entries can be made on the list.

Cases are listed in order of social security number and contain the following information:

- Social Security Number (SSN) of the work eligible individual active on STEP;
- "W" Case Indicator;
- Participant Name - Name of the work eligible individual active on STEP;
- Assessment Indicator (Assess) shows if KWP assessment has been completed by displaying Y or N;
- Good Cause Code (GC) indicates if the individual has been granted good cause with the following codes:
 - A – Disability or Incapacity
 - B – Child Care Issues
 - D – Household member requires care/other than the exemption reason
 - E – Incarcerated/Institutionalized 30 days or less
 - V – Domestic Violence;
- Sanction Indicator (Sanction) shows an asterisk if there is an active sanction;
- Employment Hours (Emp Hrs); and
- MRT Due Date is MRT redetermination due date on KAMES.

```

HRJAS3R6 &D88      EMA05145  SYSTEM GENERATED PA-33/KW133/WIN1      03/05/10
                                UPGE 01

CASELOAD: 037CCC

SQ      SSN              PARTICIPANT NAME      COMP/PROV ID  FORM  DISP DATE  DISP
1 999999999 DOE          JANE              D      037NA99JRA  33    _____  -
2 999999999 DOE          JOHN              D      037NA99JRA  33    _____  -
3 999999999 DOE          JAMES             D      037NA99COM  33    _____  -
4 999999999 DOE          JOE              D      037NA99COM  33    _____  -

PF7/PF19=PAGE BACKWARD      PF8/PF20=PAGE FORWARD      PRESS ENTER TO PROCESS
PF2/PF14=MAIN MENU          PF1/PF13=SCREEN HELP        PF4/PF16=REPORT SUBMENU

```

PURPOSE:

This screen provides a list of all forms PA-33, Verification of Kentucky Works Participation, and WIN-1, Work Incentive Report, sent for a specific month for a case manager. The case manager uses this screen to indicate when form PA-33 or WIN-1 has been received and if complete or incomplete. If form PA-33 is not received or is incomplete, form KW-204 is issued from this screen.

GENERAL INSTRUCTIONS:

Access the System Generated PA-33/KW133/WIN1 report by entering the caseload code and selecting Case Management Reports, option L on the STEP Main Menu then System Generated PA-33/KW133/WIN1, option 3 to update or System Generated PA-33/KW133/WIN1, option 3A to inquire. The screen displays each individual who received a system-generated form PA-33 or form WIN-1. Prior month's reports are not retained on STEP.

Form KW-204, Conciliation Notice, is issued if form PA-33 is not received or received incomplete by the 5th calendar day of each month. The issuance of form KW-204 is scheduled to be issued on the night of the 7th calendar day of the month. If the 7th day of the month is a weekend or holiday, the forms will be issued on the night of the next workday. Example: The 7th is a Saturday. The forms will be issued Monday night, which is the 9th.

This report is also used to issue form WIN-2, Second Notice for Work Incentive (WIN) Report, if form WIN-1 is not received by the 10th calendar day.

Case managers should review the report as soon as it appears. If there are participants shown on their report who are no longer in their caseload, information must be shared between the case manager responsible and the one on whose report the individual is listed. If a STEP security record cannot be located for the current case manager, a prior caseload code is utilized in order to generate the form. In a large county or unit, a caseload code may serve as the "default" (a code selected by STEP) and be printed on all the forms for which a STEP security record is not found.

DETAILED ENTRY INSTRUCTIONS:

Uploaded Fields

SQ (Sequence): The number is the numerical count of participants shown on a screen for the caseload displayed at the top of the screen.

SSN: The Social Security number of the participant who received form PA-33 or WIN-1.

Participant name: The participant whose activity and supportive services information are to be collected.

Comp/Prov ID: If active in one or more components, each component produces form PA-33, and the component ID displays here. Form PA-33 entries will contain 9 zeroes if the participant is not active in a component, if participation is met through employment or if the "Issue PA-33" entry on the General Information screen is answered 'Y'. Form WIN-1 entries will be blank.

Form: Either "33" or "W1" will display. If multiple forms were produced for the same participant, each is listed separately.

Enter data in the following fields:

Disp Date (disposition date): This field is required whenever a code is entered in the disposition field. It is the date the form PA-33 is acknowledged received in the office or the date the caseworker enters an "N" to indicate failure to return the form by the 5th of the month or form WIN-1 by the 10th calendar day of the month. The date can be changed when a new code is entered, but the date cannot be deleted after entry. The date is entered as MMDDYY.

Disp (disposition): Valid entries are:

I - Incomplete form received.

C - Complete and correct form received; STEP updated.

P - Complete and correct form received; STEP has not been updated.

N - No form returned.

If an "N" or "I" appears for form PA-33 on the 7th calendar day, STEP generates form KW-204 for the participant involved. If the disposition field is blank or contains "P" or "C", STEP takes no action. There is no edit between codes entered on the report and monthly tracking on payment screens.

The disposition code can be changed, but not removed, after entry.

MS 0880*

```

HRJAS3R7 &D88      EMA05145  SYSTEM GENERATED PA-33/KW133/WIN1 Inquiry  03/10/10
                                                                    UPGE 01
CASELOAD: 037CCC

SQ      SSN          PARTICIPANT NAME      COMP/PROV ID  FORM  DISP DATE  DISP
1 999999999 DOE      JANE          D      037NA99JRA   33    030210    C
2 999999999 DOE      JOHN          D      037NA99JRA   33    030310    C
3 999999999 DOE      JAMES         D      037NA99COM   33    030510    N
4 999999999 DOE      JOE           D              W1    030510    I

PF7/PF19=PAGE BACKWARD      PF8/PF20=PAGE FORWARD      PRESS ENTER TO PROCESS
PF2/PF14=MAIN MENU          PF1/PF13=SCREEN HELP        PF4/PF16=REPORT SUBMENU

```

Procedural Instructions

PURPOSE:

This screen provides a list of all form PA-33, Verification of Kentucky Works Participation, and WIN-1, Work Incentive Report, sent for a specific month for a case manager. The case manager uses this screen to inquire the disposition of form PA-33 or WIN-1.

GENERAL INSTRUCTIONS:

Access the System Generated PA-33/KW133/WIN1 Inquiry report by entering the caseload code and selecting Case Management Reports, option L on the STEP Main Menu then System Generated PA-33/KW133/WIN1 Inquiry, option 3A. The screen displays each individual who received a system-generated form PA-33 or form WIN-1. Prior month's reports are not retained on STEP.

Form KW-204, Conciliation Notice, is issued if form PA-33 is not received or received incomplete by the 5th calendar day of each month. The issuance of form KW-204 is scheduled to be issued on the night of the 7th calendar day of the month. If the 7th day of the month is a weekend or holiday, the forms will be issued on the night of the next workday. Example: The 7th is a Saturday. The forms will be issued Monday night, which is the 9th.

The fields are as follows:

SQ (Sequence): The number is the numerical count of participants shown on a screen for the caseload displayed at the top of the screen.

SSN: The Social Security number of the participant who received form PA-33 or WIN-1.

Participant name: The participant whose activity and supportive services information are to be collected.

Comp/Prov ID: If active in one or more components, each produces form PA-33, and the component ID displays here. Form PA-33 entries will contain 9 zeroes if the participant is not active in a component, if participation is met through employment or if the "Issue PA-33" entry on the General Information screen is answered 'Y'. Form WIN-1 entries will be blank.

Form: Either "33" or "W1" will display. If multiple forms were produced for the same participant, each is listed separately.

Disp Date: This field indicates when the case manager acknowledged receipt of form PA-33/WIN-1 or issued form KW-204/WIN-2.

Disp: The following are the disposition codes:

I - Incomplete form received.

C - Complete and correct form received; STEP updated.

P - Complete and correct form received; STEP has not been updated.

N - No form returned.

MS 0900*

CASE NUMBER LOOKUP (HRJAS3M3) SCREEN

| | | | |
|---------------|----------|--------------------|---------|
| HRJAS3M3 &B28 | EMA02338 | CASE NUMBER LOOKUP | PAGE 01 |
|---------------|----------|--------------------|---------|

| | | | | | | |
|--------------------------|--------|-------------|-----------|--------|----|--------|
| CASE NUMBER: 999999999 A | | | | | | |
| JAS | | | FIRST | | | |
| SEQ | CLIENT | SSN | LAST NAME | NAME | MI | DOB |
| 1 | | 999-99-9999 | DOE | JOHNNY | M | 000000 |
| 2 | | 999-99-9999 | DOE | JANIE | L | 000000 |
| 3 | | 999-99-9999 | DOE | JENNY | T | 000000 |

| | |
|--------------------------|-------------------------|
| PF7/PF19 = PAGE BACKWARD | PF8/PF20 = PAGE FORWARD |
| PF2/PF14=MAIN MENU | PF1/PF13=SCREEN HELP |
| SEQUENCE NUMBER: | |

Procedural Instructions

PURPOSE:

This screen contains information on all the members included in the K-TAP case.

GENERAL INSTRUCTIONS:

Access Case Number Lookup by entering the case number in Case Number Lookup, option M on the STEP Main Menu and pressing enter.

This screen displays the following information for each member:

SEQ – Sequence Number;

JAS Client – Individual's active on STEP are indicated with a "Y";

SSN – Social Security Number of the individual;

Last Name – Last name of the individual;

First Name – First name of the individual;

MI – Middle initial of the individual;

DOB- Date of birth of the individual.

MS 1000*

RESOURCE DIRECTORY SUBMENU (HRJAS3N1) SCREEN

| | | | |
|--|----------|----------------------------|----------|
| HRJAS3N1 &C5C | EMA03709 | RESOURCE DIRECTORY SUBMENU | 03/05/10 |
| 1) LIST REFERRAL PROVIDERS 2) LIST REFERRAL COMPONENTS 3) LIST CHILDCARE PROVIDERS 4) LIST SUPPORTIVE SERVICE PROVIDERS 5) LIST BY COUNTY/PROVIDER/NAME 6) LIST BY COUNTY/PROVIDER/ZIP 7) LIST BY COUNTY/PROVIDER/ZIP/NAME _ OPTION COUNTY: _ PROVIDER TYPE: _ SERVICE: _ COMPONENT TYPE: _ ZIP (ENTER 1 - 5 OPT 6; 5 NUMS OPT 7): _ NAME (ENTER 1 - 5 CHARS): _ PF3/PF15 = RETURN TO PREVIOUS SCREEN PF2/PF14 = MAIN MENU PF1/PF13 = SCREEN HELP NEXT ACTION _ | | | |

Procedural Instructions

PURPOSE:

This screen is to access the Resource Directory, which lists providers of services necessary for participation.

GENERAL INSTRUCTIONS:

Access the Resource Directory Submenu Screen by choosing Resource Directory, option N on the STEP Main Menu.

There are certain screens which allow access to the resource directory submenu by use of the F3 key. This allows inquiry to locate a Component ID or Provider ID required to complete the screen entries. Information entered on these screens is retained if F3 is used to access the Resource Directory and to return to the incomplete screen. If you exit a screen by using F3 to access the Resource Directory, then F2 to access the Main Menu, the entries are not retained.

When the Resource Directory submenu is reached by using the F3 key, screen help is not available. If the Resource Directory is reached by selecting "N" on the Main Menu, screen help is available. To utilize the Resource Directory, enter the desired option. Enter the county in for the component provider to obtain components.

Option 3, List Childcare Providers and Option 4, List Supportive Service Providers are no longer updated and contain outdated information.

Option 1, List Referral Providers, Option 2, List Referral Components, Option 5, List by County/Provider/Name, Option 6, List by County/Provider/Zip, and Option 7, List by County/Provider/Zip/Name contain similar information only in different formats.

To inquire the Resource Directory use the following codes:

A. Provider Type

- N - Direct DCBS Component Referral (Option 1 or 2)
- P - Supportive Service Provider (Option 4, 5, 6 or 7)
- S - Self-sufficiency (Option 2)
- D - Contractor Component Provider (Option 1 or 2)

B. Component Type

- VOC - Vocational Education, Post-Secondary Education, or Short-term Training
- SEE - Employment, Subsidized or Unsubsidized
- JRA - Job Readiness Activities or Group Job Search
- GED - General Education Development
- HSC - High School
- ESL - English as a Second Language
- OJT - On the Job Training
- WEP - Work Experience
- COM - Community Service
- ABE - Adult Basic Education
- DOM - Domestic Violence Counseling
- SUB - Substance Abuse Treatment
- JSE - Job Skills leading to employment
- WRG - Work Registration by a contractor
- EST - Employment Skills Training
- OTH - Other activity

MS 1020*

COMPONENT LIST (HRJAS3N3) SCREEN

| | | | | | | | | | | | |
|---|------------|----------|-------|----------------|--------|------|-------------------------|------------------|----------|--|--|
| HRJAS3N3 &COQ | | EMA03111 | | COMPONENT LIST | | | | PAGE 14 * MORE * | | | |
| FOR COMPONENT 037 N | | | | | | | | | | | |
| | | UPDATE | | START | | END | | | | | |
| SEQ | COMP ID | DATE | SLOTS | DATE | DATE | FEES | PROVIDER INFORMATION | | NO. | | |
| 1 | 037N010VOC | 123109 | 0000 | 100190 | 123109 | 0000 | KENTUCKY STATE UNIVERSI | | 037N010 | | |
| | | | | | | | EAST MAIN STREET | | | | |
| | | | | | | | FRANKFORT | | KY 40601 | | |
| 2 | 037N034JRA | 011109 | 0000 | 120198 | 123150 | 0000 | BLUE GRASS COMM ACTION | | 037N034 | | |
| | | | | | | | 3445 B VERSAILLES RD | | | | |
| | | | | | | | FRANKFORT | | KY 40601 | | |
| 3 | 037N034COM | 011109 | 0000 | 120198 | 123150 | 0000 | BLUE GRASS COMM ACTION | | 037N034 | | |
| | | | | | | | 3445 B VERSAILLES RD | | | | |
| | | | | | | | FRANKFORT | | KY 40601 | | |
| PF4/PF16 = RESOURCE DIRECTORY SUBMENU PF7/PF19 = PAGE BACKWARD | | | | | | | | | | | |
| PF2/PF14 = MAIN MENU PF1/PF13 = SCREEN HELP PF8/PF20 = PAGE FORWARD | | | | | | | | | | | |

Procedural Instructions

PURPOSE:

This screen contains a listing of Component Providers.

GENERAL INSTRUCTIONS:

Access the Component List by choosing Resource Directory, option N and then List Referral Components, option 2, County Code, and Provider Type.

Any changes, additions, or removals to this listing are submitted to FSSB via form KW-206.

This screen contains the following information:

SEQ – Sequence Number;

COMP ID – Component ID;

UPDATE DATE – Date the component was updated on the Resource Directory;

SLOTS – Number of slots available;

START DATE – Date the component was created;

END DATE – End date of the component;

FEES – Fee to enter the component;

PROVIDER INFORMATION – Name and Address of the Provider

NO. – Provider Number

MS 1100*

LIST OF OFFLINE STEP PAYMENTS (HRJAS3Q1) SCREEN

| | | | | | | |
|---|----------|-----------|----------------------------------|------------|---------|----|
| HRJAS3Q1 | &CSD | EMA03242 | LIST OF OFFLINE PAYMENTS MADE TO | | | 01 |
| 999999999 | | | | | | |
| PROVIDER | PAY TYPE | DATE PAID | PAY MONTH | COMPID | AMOUNT | |
| 9999999992 | N | 19910116 | 19910201 | | 0081.00 | |
| 9999999991 | N | 19910123 | 19910123 | | 0102.00 | |
| | T | 19910329 | 19910401 | 037NA99VOC | 0027.00 | |
| | C | 19910329 | 19910201 | 037NA99VOC | 0108.00 | |
| PF7/PF19 = PAGE BACKWARD PF8/PF20 = PAGE FORWARD | | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP | | | | | | |

Procedural Instructions

PURPOSE:

This screen contains payments purged from STEP History.

GENERAL INSTRUCTIONS:

Access the List of Offline STEP Payments by choosing Offline STEP Payments, option Q.

This screen contains only payments from STEP cases that have been purged after being inactive on STEP for more than 18 months. Cases with WIN payments or sanctions are not purged.

The following information is displayed on the screen:

PROVIDER – Social Security Number of the individual the payment was issued to;

PAY TYPE – Payment Type

- N – Non-recurring
- T – Transportation
- C – Child Care;

DATE PAID – Date the payment was issued;

PAY MONTH – Month the payment was

COMP ID – Component in which the individual was participating at the time the payment was issued;

AMOUNT – Amount of payment.

MS 1200* **CONTRACTOR COMPONENT PLACEMENT SUBMENU (HRJAS311) SCREEN**

| | | | | | | | |
|-----------|------|----------|--|------|-------------------------|------------------------|----------|
| HRJAS311 | &CVU | EMA03367 | CONTRACTOR COMPONENT PLACEMENT SUBMENU | | | | 03/05/10 |
| PAGE 01 | | | | | | | |
| 999999999 | | DOE | JANE | D | LAST UPDATE 12/14/09 | | |
| SEQ | REF | DATE | COMPID | TYPE | PLACEMENT DATE | COMPLETION DATE STATUS | |
| NO | | | | | | | |
| 1 | | 01/05/10 | 037D999WEP | WEP | 01/05/10 | ACTIVE | |

ENTER NEW COMPID: _____

ENTER SEQ NO TO UPDATE ACTIVE OR PENDING COMPID: ____

PF7/PF19=PAGE BACKWARD PF8/PF20=PAGE FORWARD

PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF3/PF15=RD SUBMENU NEXT ACTION: _

Procedural Instructions

PURPOSE:

This screen provides a listing of pending placements or components in progress entered by a contractor. There is space for seven entries; when the eighth component ID is entered, the oldest will be deleted.

GENERAL INSTRUCTIONS:

Access the Contractor Component Placement Submenu through Contractor Functions, option R on the STEP Main Menu. Contractors can enter a new component or update an existing component.

The only entries made to this screen are:

1. Add a new component ID; or
2. Select a sequence number from components listed in order to update component placement or status information.

When "enter" is pressed, the Contractor Component Activity screen appears.

DETAILED ENTRY INSTRUCTIONS:

| FIELD | DESCRIPTION |
|---|---|
| SSN | This information is uploaded; no entry is possible. |
| Last Name | This information is uploaded; no entry is possible. |
| First Name | This information is uploaded; no entry is possible. |
| MI | This information is uploaded; no entry is possible. |
| Last Update | This information is uploaded; no entry is possible. |
| Seq No | This information is uploaded; no entry is possible. |
| Ref Date | This information is uploaded; no entry is possible. |
| CompID | This information is uploaded; no entry is possible. |
| Type | This information is uploaded; no entry is possible. |
| Placement Date | This information is uploaded; no entry is possible. |
| Completion Date | This information is uploaded; no entry is possible. |
| Status | This information is uploaded; no entry is possible. |
| Enter New CompID | Enter the new component ID number from the Resource Directory. |
| Enter Seq No to Update Active or Pending CompID | Enter sequence number to update an active or pending component. |

MS 1220*

CONTRACTOR COMPONENT ACTIVITY (HRJAS3I2) SCREEN

| | | | | | | | |
|--|-------------|------------------|--------------|-------------|-----------|--------------|-------------|
| HRJAS3I2 &E3V EMA06248 CONTRACTOR COMPONENT ACTIVITY | | | | | | | 03/05/10 |
| | | | | | | | LAST UPDATE |
| 999-99-9999 | JANE | DOE | D | | | | 01/05/10 |
| LOCAL OFFICE | | STATION/DESK | COMPID | REF DATE | FUND SRCE | VET | |
| | | | 037D999WEP | 010510 | B | N | |
| P L A C E M E N T I N F O R M A T I O N | | | | | | | |
| PLACEMENT | ENROLLMENT | WEEKLY | REJECT | REVIEW | WEEKLY | DEEMED | |
| DATE | START | END | HOURS | DATE REASON | DATE | CORE HOURS | |
| 010510 | 010510 | 073110 | 25 | | | 05 | |
| C O M P L E T I O N I N F O R M A T I O N | | | | | | | |
| PROJECTED DATE | ACTUAL DATE | RESULT | ENTERED EMPL | | | WEEKLY HOURS | |
| 073110 | | | - | | | | |
| NO SHOW _ | | NON-COMPLIANCE _ | | | | | |
| PF2/PF14=MAIN MENU PF1/PF13=SCREEN HELP PF4/PF16 = CONTRACTOR COMMENTS | | | | | | | |

Procedural Instructions

PURPOSE:

Contractor Functions is accessed by designated contractors to relay information to DCBS and/or to generate spot checks to the case manager. Contractors complete data entry into their screens on STEP through this function.

GENERAL INSTRUCTIONS:

Contractors enter referral and/or placement information for participants they place. The contractor cannot access this screen until a participant has been referred with a contractor's referral code (CO# D###). Contractor Component Activity is accessed by selecting option R from the STEP Main Menu.

The contractor can enter another component in addition to the component entered by the case manager. Example: The referral is 100D999JRA; the contractor determines that JRA is not needed and places into 100D999WEP.

Case Managers cannot access contractor screens. All component information entered by the contractor is inquired choosing STEP History (option K) from the STEP Main Menu, then Component Activity (option D). "Y" appears under "Con Chg" if the update was made by the contractor.

The contractor hits enter to retain information entered on this screen. If they wish to update comments only, the PF key indicated is pressed.

CONTRACTOR COMMENTS (HRJAS3I3) SCREEN

[illegible]

PURPOSE:

GENERAL INSTRUCTIONS:

Entry is free-form. Comments can be accessed at any time by accessing option K, STEP History, and option J, Contractor Comments. A date should always be entered when information is entered on the Comments screen. In order for the system to retain information entered, the user must press "Enter". When the screen is filled, press "Enter" to move the comments to history and receive a blank screen.